	STATES DISTRICT CO
	d 05/01 WDNY
	TED STATES DISTRICT COURT STERN DISTRICT OF NEW YORK
	O CHETY OF STERN DISTRICT OF
(Name	e of Plaintiff or Petitioner)  MOTION TO PROCEED IN FORMA PAUPERIS
1 1	AND SUPPORTING AFFIRMATION
$-\Delta$	Mondad de A Quaducto & y Atlantatilhados de Querro
3/1	
(Nam	e of Defendant(s) or Respondent(s))
1	value A Diaz Oleill 14 CV 533-5
4	, (print or type your name) am the plaintiff/petitioner in the above-entitled case and
hereb	by request the Court's permission to proceed in forma pauperis.
	oport of my motion to proceed without being required to prepay fees, costs, or give security therefor, I state that because of my poverty
I am ı	unable to pay the costs of this action or to give security therefor and that I believe I am entitled to redress.
I furt	her declare that the responses which I have made in this affirmation below are true.
1.	Are you presently employed? Yes No
••	My Employer's Name and Address is:
	My Gross Monthly Wages are: \$
	If you are not presently employed, state Your Last Date of Employment:
	Your Gross Monthly Wages at that time:
	Is your spouse presently employed? Yes No SINGLE
	My Spouse's Employer's Name and Address is:
	My Spouse's Gross Monthly Wages are \$
2.	Have you received any money from any of the following sources within the past twelve nonths:
	Have you received any money from any of the following sources within the past twelve months:  a. Business, profession or self-employment? Yes No No Have you will be source and amount received per month \$ 200000000000000000000000000000000000
	b. Rent payments, interest or dividends? Yes No
	If yes, state <b>source</b> and <b>amount received</b> per month \$
	If yes, state source and amount received per month \$
	d. Gifts or inheritances? Yes No  If yes, state source and amount received per month \$
	e. Child Support? Yes No
	If yes, state amount received each month \$  f. Government Benefits (Social Security, SSI, Welfare, AFDC, Vertrans, etc.)? Yes No The Quit Plant
	f. Government Benefits (Social Security, SSI, Welfare, AFDC, Vertrans etc.)? Tes Pour Roul (16 DO Mon)
	g. Friends, Relatives or any other source? Yes No
	If yes, state <b>source</b> and <b>amount received</b> per month \$
	$\sim$
3.	What is your total gross monthly income today: \$\(^{\cup}\)
4.	How much cash do you have on hand? \$

## 

5.	How much money do you have in a <b>checking account</b> (s)? \$
6.	How much money do you have in a savings account(s)? \$
7.	If you are an inmate of a correctional facility, state the amount of funds in your inmate account ( <b>NOTE</b> : prisoners <u>must</u> hav inmate account balances certified by an authorized official of the correctional facility and must include a signed Authorizatio for payment of the filing fee):
8.	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary househol furnishings and clothing)? Yes No No The property in detail and give an estimated value of the property:
	If you own property, are you paying off a loan or mortgage on it? Yes No  If yes where are you obtaining the money to make such payments:
9.	If you are not an inmate, state your <b>total monthly household expenses</b> :  Rent or mortgage \$
10.	List all of the people who are in your household and state the amount of money each one contributes to household expenses each month:
11.	List the persons who are dependent upon you for support, state your relationship to those persons, and indicate how much yo contribute toward their support:
12.	Have you been adjudicated bankrupt within the past ten (10) years? Yes No  If the answer is yes, please include the court and date of filing
I dec	are under penalty of perjury that the foregoing is true and correct.
	(Date) (Applicant's Signature)
	PRISON CERTIFICATION SECTION  (Required for Prisoner Requests Only; Prisoner Requests Must Have This Section Completed By Prison Official)
	I certify that the movant has the sum of \$ on account to his/her credit at the
	Correctional Facility where s/he is currently confined.  I further certify that the movant has the following securities to his/her credit according to the institution's records:
	I further certify that the movant's average account balance was \$ during the last six months
	Signature of Authorized Officer of Institution
	Print Name of Authorized Officer of Institution